Department of the Treasury Internal Revenue Service

Return of Excise Taxes Related to Employee Benefit Plans

(Under sections 4971, 4972, 4973(a)(2), 4975, 4976, 4977, 4978, 4978A, 4978B, 4979, 4979A, and 4980 of the Internal Revenue Code)

OMB No. 1545-0575

Expires: 6-30-93

| For tax yea | ar beginning | , 19 and ending | | , 19 | |
|---------------------------------------|---|---|------------------------------|--|--|
| Section A | A All Filers C | omplete This Section | | | |
| Name (see | general instructions |) | | | |
| Number, sti | reet and room or su | ite no. (If a P.O. box number (see page 2 of the instructions)) | Social seci | urity number | |
| City or towr | , state, and ZIP coo | de | (see general in | istructions) | |
| Section E | B All Prohibit | ed Transaction Filers Complete This Section | | | |
| Name and a | address of employer | whose plan was involved in the prohibited transaction, if applicable | Employer iden | tification number | |
| | | Interventions | | | |
| Name of pla | an | | Plan number | | |
| Part I | Tax on Failure | To Meet Minimum Funding Standards (Section 4971) | | | |
| 2 Accum 3 Tax o 2 for on lir | nulated funding deficient due—10% of line multiemployer plane me 21. | ency in the plan's alternative minimum funding standard account (see specific ins 1 or 10% of line 2 for plan years beginning after 12-31-88 (5% of ans or for plan years beginning before 1-1-89). (See instructions.) E | line 1 or line nter here and | | |
| Part II | Tax on Excess (| Contributions to Section 403(b)(7)(A) Custodial Accounts (| Section 4973) | | |
| 4 Total | amount contribu | ted for current year, less rollovers identified in section 4973(c)(1) | | | |
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| | - | · · · · · · · · · · · · · · · · · · · | | | |
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| | · | | • • • • | | |
| 72(e) |) and not previous | sly used to reduce excess contributions | under section | | |
| | | · | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | |
| | | | account as of | | |
| | | | | | |
| 13a Transaction number | (a) Date of transaction (see instructions) | (b) Description of prohibited transaction | in prohibited transaction | prohibited transaction (5% of column (c)) | |
| <i>(i)</i> | | | | | |
| (ii) | | | | | |
| (iii) | | | İ | | |
| b Tax d | | | > | | |
| Please Sign Here | | | | | |
| HEIE | Your signature | | Date | | |
| Paid Preparer's | Preparer's signature | | | Date | |
| Use Only | Firm's name (or yo if self-employed) ar address | | | | |

| Form | 5330 (Rev. 4·91) | Page 2 |
|----------|--|---------------------------------------|
| Par | t IV Tax on Disqualified Benefits (Section 4976) | |
| 14 | If your welfare benefit fund has provided a disqualified benefit during your taxable year, enter the amount of the disqualified benefit here and on line 24 (see instructions) | |
| Par | t V Tax on Excess Fringe Benefits (Section 4977) | · · · · · · · · · · · · · · · · · · · |
| 15a | Did you make an election to be taxed under section 4977? | |
| | If "Yes," enter the calendar year in which the excess fringe benefits were paid ▶ 19 | |
| | If line a is "Yes," enter the excess fringe benefits on this line (see instructions) | |
| | Enter 30% of line c on this line and on line 25, Tax on Certain ESOP Dispositions (Sections 4978, 4978A and 4978B) | |
| | | |
| | Enter here and on line 26a your section 4978 or 4978A tax on dispositions of employer securities by employee stock ownership plans and certain worker-owned cooperatives (see instructions). Check the box to indicate which tax you are filing for Section 4978 Section 4978A. Enter here and on line 26b your section 4978B tax on dispositions of employer securities to which | |
| | section 133 applied | |
| Par | t VII Tax on Nondeductible Employer Contributions to Qualified Plans (Section 4972) | |
| 17a | Total contributions for your tax year to your qualified (under section 401(a), 403(b), or 408(k)) plan . | |
| | Amount allowable as a deduction under section 404 | |
| c | Subtract line b from line a | |
| d | Enter amount of any prior year nondeductible contributions made for years beginning after 12/31/86 | |
| е | Amount of any prior year nondeductible contributions for years beginning after 12/31/86 returned to you in this tax year or any prior tax year | |
| | Subtract line e from line d | |
| | Amount of line f carried forward and deductible in this tax year | |
| | Subtract line g from line f | 1 |
| i | Taxable excess contributions—add line c and line h | |
| Par | t VIII Tax on Excess Contributions to Certain Plans (Section 4979) | <u> </u> |
| | Enter the amount of any excess contributions under a cash or deferred arrangement that is part of a | |
| | plan qualified under section 401(a), 403(a), 403(b), 408(k), 501(c)(18) or excess aggregate contributions | |
| | described in section 401(m), | |
| _ | Enter 10% of the amount entered on line 18a here and on line 28 | |
| Par | Tax on Certain Prohibited Allocations of Qualified ESOP Securities (Section 4979A) | T |
| 19 | If you owe any tax under section 4979A, enter the amount of the tax here and on line 29 below (see instructions) | |
| Par | | |
| | Date reversion occurred ► month day year | |
| | If you owe any tax under section 4980, enter the amount here and on line 30 below (see instructions) XI Summary of Taxes Due | L |
| | | 3 |
| 21 | Tax on failure to meet minimum funding standard (from line 3) | |
| 22 23 | Tax on excess contributions to section 403(b)(7)(A) custodial accounts (from line 12) | |
| 23 24 | Tax on disqualified benefits (from line 14) | |
| 25 | Tax on excess fringe benefits (from line 15d) | |
| 26a | Tax on certain ESOP dispositions (from line 16a) | |
| ь | Tax on certain ESOP dispositions (from line 16b) | |
| 27 | Tax on nondeductible contributions to qualified plans (from line 17j). | |
| 28 | Tax on excess contributions to certain plans (from line 18b) | |
| 29 | Tax on certain prohibited allocations of qualified ESOP securities (from line 19) | |
| 30 | Tax on reversion of qualified plan assets to an employer (from line 20b) | |
| 31a | Total tax (add lines 21 through 30) | 1 |
| þ | Enter amount of tax paid upon filing of Form 5558, if applicable | |
| c | Total tax due (subtract line 31b from line 31a). Pay in full with return. (Make checks or money orders payable to Internal Revenue Service.) | |
| 32 | Are you electing to be taxed on a prohibited transaction which occurred prior to January 1, 1975, so that yolan and trust will retain its exempt status? (See instructions). | , . L Yes L No |
| 33 | Have you corrected any of the prohibited transactions which you are reporting on this return? (See instruction of the prohibited transactions which you are reporting on this return? (See instruction of the prohibited transactions which you are reporting on this return? (See instruction of the prohibited transactions which you are reporting on this return? (See instruction of the prohibited transactions which you are reporting on this return? (See instruction of the prohibited transactions which you are reporting on this return? (See instruction of the prohibited transactions which you are reporting on this return? (See instruction of the prohibited transactions which you are reporting on this return? (See instruction of the prohibited transactions which you are reporting on this return? (See instruction of the prohibited transactions which you are reporting on this return? (See instruction of the prohibited transactions which you are reporting on this return?) | ons) 🗌 Yes 🔲 No |

| Part XII | Schedule of Other Participating Disqualified Persons (See instructions) |) | |
|---|---|--------------------------------------|--|
| 34 | (a) Name and address of disqualified person | (b) Transaction number from Part III | (c) Employer identification number or social security number |
| (1) | | | |
| (ii) | | | |
| (iii) | | | |
| Part XIII | Description of Correction (See line 33 instructions.) | | |
| 35 (a) Transaction number from Part III | (b) Nature of correction | (c) Date of correction | |
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